Bureau Of Emergency Medical Services
150 N. 18th Avenue, Suite 540, Phoenix, Arizona 85007-3248; 602-364-3150

APPLICATION FOR AIR AMBULANCE SERVICE LICENSE

A.R.S. Title 36, Chapter 21.1 and A.A.C. Title 9, Chapter 25, Article 7

☐ **INITIAL LICENSE** ☐ **RENEWAL LICENSE**

I. AIR AMBULANCE SERVICE INFORMATION

Name of Applicant/Owner		
Mailing Address		
City	State	Zip Code
Telephone Number	Fax Number (if any)	
List Each Business Name to Be Used for the Air Ambulance Service:		
List Each Physical and Mailing Address to Be Used for the Air Ambulance Service, if Different from Applicant's Mailing Address: (Attach separate sheet if needed)		

Applicant's Type of Business Organization: (Select one)

Proprietary	Non-profit	Governmental
☐ Sole proprietorship		
☐ Partnership	☐ Corporation	☐ State
☐ Corporation for Profit	☐ Other _____	☐ County
☐ Limited liability company		☐ Municipal
☐ Other _____		☐ Other _____

List of Officers and Board Members or Trustees: (Attach separate sheet if needed)

Name	Title	Address
Name	Title	Address
Name	Title	Address

Primary Contact for Information Regarding Application:

Name	Address	Telephone Number: Fax Number (if any):

Statutory Agent or Individual Designated to Accept Service of Process and Subpoenas for Air Ambulance Service:

Name and Title	Address	Telephone Number

II. AIR AMBULANCE SERVICE OPERATIONS

Scope of Missions to Be Provided (Check all that apply)

☐ Basic Life Support Missions	☐ Emergency Medical Services Transports
☐ Advanced Life Support Missions	☐ Convalescent Transports
☐ Critical Care Missions	☐ Interfacility Transports
	☐ Interfacility Maternal Transports
	☐ Interfacility Neonatal Transports

Intended Hours of Operation (Days of the Week and Hours Per Day)

III. PHYSICIAN TO SERVE AS MEDICAL DIRECTOR

Name	Arizona License Number

IV. ATTACHMENTS (Attach the following)

EVERY APPLICATION
☐ A copy of the applicant business organization's articles of incorporation, articles of organization, or partnership or joint venture documents, if applicable
☐ The intended schedule of rates for the air ambulance service
☐ A copy of a current and valid OST Form 4507 showing the effective date of registration and exemption under 14 CFR 298
A copy of the following issued by the Federal Aviation Administration: ☐ A current and valid Air Carrier Certificate authorizing common carriage under 14 CFR 135 ☐ If intending to operate a rotor-wing air ambulance, current and valid Operations Specifications authorizing aeromedical helicopter operations ☐ If intending to operate a fixed-wing air ambulance, current and valid Operations Specifications authorizing airplane air ambulance operations ☐ A current and valid Certificate of Registration for each air ambulance to be operated ☐ A current and valid Airworthiness Certificate for each air ambulance to be operated
☐ A certificate of insurance establishing that the Applicant has current and valid liability insurance coverage for the air ambulance service as required under A.A.C. R9-25-703(B)(5)
☐ A certificate of insurance establishing that the Applicant has current and valid malpractice insurance coverage for the air ambulance service as required under A.A.C. R9-25-703(B)(6)
☐ A copy of a current and valid registration, issued by the Arizona Department of Transportation under A.R.S. Title 28, Chapter 25, Article 4, for each air ambulance to be operated
☐ If the Applicant holds current CAMTS accreditation for the air ambulance service, a copy of the current CAMTS accreditation report
INITIAL APPLICATION
For each air ambulance to be operated for the air ambulance service: ☐ An application for registration that includes all of the information and items required under A.A.C. R9-25-802(C)
RENEWAL APPLICATION
For each air ambulance operated or to be operated for the air ambulance service: ☐ A copy of a current and valid certificate of registration, issued by the Department under 9 A.A.C. 25, Article 8; **OR** ☐ An application for registration that includes all of the information and items required under A.A.C. R9-25-802(C)

V. ATTESTATION

See Instructions for Signing Requirements.

On behalf of the Applicant, I attest that the Applicant knows all applicable requirements in A.R.S. Title 36, Chapter 21.1 and A.A.C. Title 9, Chapter 25, Articles 2, 7, and 8 and that the information provided in this application, including the information in the documents accompanying this application form, is accurate and complete.

_____ _____

Signature Date

_____ _____

Name (Printed) Title

INSTRUCTIONS FOR COMPLETING APPLICATION FOR AIR AMBULANCE SERVICE LICENSE

(Please type or print in black ink in completing this application)

SELECT THE BOX AT THE TOP OF THE APPLICATION TO INDICATE WHETHER APPLYING FOR AN INITIAL OR A RENEWAL LICENSE

SECTION I. AIR AMBULANCE SERVICE INFORMATION

Name of Applicant/Owner: Please enter the legal name of the person that holds a controlling legal or equitable interest and authority in the air ambulance service. "Person" means (a) an individual; (b) a business organization; or (c) an administrative unit of the U.S. government, state government, or a political subdivision of the state.

Business Names: Please provide each name in which the air ambulance service does business (i.e., each DBA).

Physical and Mailing Addresses: Please provide each physical and mailing address to be used for the air ambulance service (i.e., each office, base station, dispatch center, etc.)

SECTION V. ATTESTATION

According to A.A.C. R9-25-704, the application must be signed as follows:

(1) If the Applicant is an individual, by the individual;
(2) If the Applicant is a corporation, by an officer of the corporation;
(3) If the Applicant is a partnership, by one of the partners;
(4) If the Applicant is a limited liability company, by a manager or, if the limited liability company does not have a manager, a member of the limited liability company;
(5) If the Applicant is an association or cooperative, by a member of the governing board of the association or cooperative;
(6) If the Applicant is a joint venture, by one of the individuals signing the joint venture agreement;
(7) If the Applicant is a governmental agency, by the individual in the senior leadership position with the agency or an individual designated in writing by that individual; and
(8) If the Applicant is a business organization type other than those described in (2) through (6) above, by an individual who is a member of the business organization.

Please submit this application with all applicable documents and information as required in rule. If you do not have Internet access, please contact the Bureau of Emergency Medical Services at the telephone number listed below to request a copy of the rules.

This application is not considered completed until all required documents and information have been submitted to the Department. If any corrections are made using correction fluid or correction tape, this application will be returned. If an error is made while filling out this application, put a single line through the error and initial it. Please remit the completed application to:

Arizona Department of Health Services
Bureau of Emergency Medical Services
150 N. 18th. Avenue, Suite 540,
Phoenix, Arizona 85007
(602) 364-3150 or 1-800-200-8523